



January 23, 2015

The Honourable Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister:

Re: Patient Relations Program Information

Thank you for your correspondence of December 17, 2014. The College of Physicians and Surgeons of Ontario (“College”) takes allegations pertaining to sexual violence and abuse of patients very seriously.

The College supports the review of the *Regulated Health Professions Act, 1991 (RHPA)* to ensure the legislation is effective in preventing and dealing with the sexual abuse of patients by health professionals. We support any initiative to help protect patients from being harmed, as it is our duty to protect and serve the public interest. We initiated our own review last year of the *RHPA* and our own processes regarding sexual abuse.¹ We took this step in response to the growing public discourse and our desire to ensure that we are doing all that we can to support and protect patients from being sexually abused by physicians.

In your letter, you requested information regarding the College’s Patient Relations Program. Our Patient Relations Program is just one of the very important ways we support victims of sexual abuse, and advance our shared goal of preventing sexual abuse of patients. Reviewing our program is also an important component of the work we are currently undertaking.

This correspondence contains an overview of the College’s Patient Relations Program. It also contains an overview of other relevant College initiatives regarding physician-patient relations.

1) College’s Patient Relations Program

The College has a longstanding interest in and commitment to preventing and dealing with the sexual abuse of patients. In 1991, the College Council established a Task Force to address this issue. Our Patient Relations Committee (PRC) was formally established in 1993, and the Committee was charged with overseeing the changes at the College relating to the implementation of the Task Force’s recommendations. Since that time, the PRC has led many successful activities aimed at preventing and dealing with the sexual abuse of patients, including the Patient Relations Program.

The College has focused on the sexual abuse of patients as a key priority in its Patient Relations Program. Providing patients who have been sexually abused with funding for therapy and counselling is one of the main components of this program. The College has gone well beyond the program requirements set out in legislation to ensure victims of sexual abuse are provided with support.

¹ For more information, please see the College’s [News Release](#) and [Backgrounder](#).

The PRC is responsible for advising the College Council with respect to the Patient Relations Program² and administering funding for therapy and counselling. Please see **Appendix 1** for more information about the PRC's composition, mandate and operations.

Details regarding the Patient Relations Program are set out below.

Education and Conduct Guidelines for Members

- While the College is not directly responsible for medical school education, we continue to undertake activities that will influence and contribute to medical school education with respect to sexual abuse and boundary issues. For example, the College will be contributing to faculty and student learning by providing the College perspective on a range of professionalism and practice issues as part of a new initiative. This Professionalism Program is currently in development, and will specifically include developing materials to address sexual abuse and boundary issues.
- Since 2001, the College has partnered with Western University to develop and deliver a course on boundaries. The Understanding Boundaries in Managing the Risks Inherent in the Doctor Patient Relationship course is offered to physicians.
- The College communicates with its members to educate and guide them with respect to sexual abuse and boundary issues. Our members find the information we provide via policies, guidelines and articles extremely valuable in furthering their knowledge and understanding of these issues. Some recent examples include:
 - Policies on [Mandatory and Permissive Reporting](#) (2012),³ which has a section on reporting sexual abuse, and [Maintaining Appropriate Boundaries and Preventing Sexual Abuse](#) (2008).^{4,5}
 - A [Boundaries Self-Assessment Tool](#) (2004), which was published in our physician magazine, *Dialogue*, and is available on our website. We have had very positive feedback about this tool, particularly from educators.
 - *Dialogue* articles⁶

² Which includes: education and conduct guidelines for members; training for College staff; the provision of information to the public; and funding for therapy and counselling.

³ The College has had a policy on this issue since 2000.

⁴ The College has published guidance on this issue since 1992. The 2008 policy replaces the College's previous documents Physician-Patient Dating (1992) and Avoid Complaints of Sexual Abuse (1993).

⁵ The College will be reviewing its [Maintaining Appropriate Boundaries and Preventing Sexual Abuse](#) policy in 2015 to ensure the policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public. The College's policy review process involves consulting with stakeholders, including members of the public and medical profession, health system organizations and other health professionals.

⁶ Some recent examples include: "[Too much information](#)" (2012); "[New policy addresses sexual misconduct, boundaries](#)" (FAQs) (2008); "[Maintaining boundaries](#)" (2006); "[Maintaining boundaries with patients](#)" (2004).

Training for College Staff

- Since the inception of the program in 1993, the College has established and maintained a strong knowledge base in sexual abuse issues as an organization, which has proved to be invaluable in our efforts to address sexual abuse and support victims. The College has this knowledge because College Committee and staff members have completed both external and internal training on sexual abuse. Please see **Appendix 2** for some examples of training Committee and staff members have completed. In addition, we specifically recruit College Committee and staff members with training and expertise in sexual abuse in boundary issues.
- As a result, it is worth noting that a number of College Committee and staff members have extensive training and expertise dealing with sexual abuse and boundary issues. Members are recruited to the PRC who have training and expertise in these issues, and there are members on the Inquiries, Complaints and Reports and Discipline Committees who have this experience as well. The College also has a special team of investigators, with experience dealing with victims of sexual abuse, who investigate all sex-related complaints. We also have a full-time, dedicated staff member (with a back-up) who supports victims of sexual abuse throughout the entire complaints/discipline process. In addition, the lawyers that prosecute sexual abuse and boundary issues cases have training and extensive experience in this area.

Provision of Information to the Public

- The College continues to take a number of steps to inform the public about sexual abuse and funding for therapy and counselling to let victims of sexual abuse know about the ways in which the College can help. For example:
 - Information regarding [sexual abuse complaints](#) and [funding for therapy and counselling](#) can be found on the College's website at www.cpsso.on.ca. This includes a plain language description of the processes involved in making a complaint or an application for funding, and contact information for the dedicated staff members responsible for responding to any questions or concerns.
 - Applications for funding are either provided in-person or mailed to victims of sexual abuse as a matter of course when allegations regarding sexual abuse are referred to the College's Discipline Committee. Applications may also be provided to victims of sexual abuse earlier and/or later in the investigative/discipline process, if additional external support would be beneficial.
 - The funding application package includes Frequently Asked Questions, a list of regulated health professionals who may provide therapy and counselling (with contact information for the Colleges) and the document, "Things to consider when choosing a therapist or counsellor".
 - The College's [Maintaining Appropriate Boundaries and Preventing Sexual Abuse](#) policy will be reviewed in 2015, and as part of this review, patient-specific materials/resources will be developed for the public (e.g. Patient Information Sheet). As part of the review, there will be opportunities for the public, and

stakeholders with expertise and perspective on sexual abuse and boundary issues (e.g. victims organizations), to provide feedback and directly inform the development of the final product(s).

- To support victims of sexual abuse, the College has dedicated staff members to respond to all inquiries and complaints from patients regarding sexual abuse and funding for therapy and counselling. This includes a dedicated staff member who has extensive training and experience in sexual abuse who supports victims of sexual abuse throughout the complaints/discipline process, and two staff members who respond to inquiries regarding funding for therapy and counselling.

Funding for Therapy and Counselling

- The College has provided funding for therapy and counselling to patients who have been sexually abused by their physician since 1994. Given the College's commitment to administer and continually improve the program, there are a number of successes that should be noted. Since 1994, 145 (92%) applications for funding have been approved, a total of \$1,597,835.00 has been awarded, and \$1,006,893.94 has been paid out. Please see **Appendix 3** for more information about the program's key accomplishments.
- We have also advocated for and implemented a number of changes to help support victims of sexual abuse, and improve the overall administration of the program. Some examples include:
 - Going above and beyond the eligibility criteria set out in the *RHPA*; the College sought the development of regulations under the *Medicine Act, 1991* to include additional criteria, beyond that set out in the *RHPA* under which an applicant could be eligible for funding.⁷ These criteria give the PRC flexibility to award applicants funds in situations where there is no Discipline Committee finding. The broad criterion requiring that the PRC only have "*sufficient evidence* to support a *reasonable belief*"⁸ that the patient was sexually abused by their physician helps ensure greater access to funding, including access to external support as victims go through the complaints/discipline process.
 - The PRC has approved funding for a wide range of therapies and therapists/counsellors to support eligible applicants' ability⁹ to select the therapist/counsellor they believe will best meet their unique needs. This has enabled eligible applicants to seek therapy to address the wide range of harm they suffered (e.g. psychological, physical, spiritual, etc.). Some examples of the PRC's broad interpretation of "therapy" and "therapist/counsellor" include:
 - Regulated health professionals (e.g. psychologist, nurse, social worker, massage therapist, chiropractor, etc.).

⁷ Section 42(2) of Regulation 114/94 enacted under the *Medicine Act, 1991*.

⁸ The legal standard of proof the PRC must meet ("sufficient evidence to support a reasonable belief") is much lower than the Discipline Committee ("balance of probabilities").

⁹ The *Health Professions Procedural Code* of the *RHPA* allows for an eligible applicant to choose the therapist or counsellor they see fit, subject to the few restrictions set out in Section 85.7(7).

- Unregulated therapists/counsellors (e.g. food dependency counsellor, addiction counsellor, yoga instructor, pastor, etc.).
- In very specific circumstances, costs associated with the therapy have also been funded (e.g. accommodation or travel costs). The College has sought legislative change to gain the explicit authority to do so, as it feels it would allow for more comprehensive support to victims.¹⁰
- The College decided to go beyond the five year time frame restriction set out in the legislation¹¹ to allow eligible applicants as much time as they need to use the funding they have been awarded. Eligible applicants can receive therapy at any point in time; provided that they haven't exhausted the funding they have been awarded.
- The College [webpage](#) regarding the funding program is updated regularly. The information on the webpage is designed to be clear, accessible and comprehensive, and [Frequently Asked Questions](#) have been added as an additional resource.
- To ensure victims of sexual abuse are supported throughout the application for funding process, staff members follow-up with potential applicants to ensure they have the support required to complete the application for funding. Applicants are supported throughout the application review process.
- To ensure applications for funding are reviewed in a timely manner, an additional Committee member was added to the PRC in 2012. Applications are reviewed within 4-6 weeks of receipt.
- Ongoing training is provided to the PRC to ensure Committee members are familiar with the legislative provisions regarding its mandate and the funding program. In addition, resources to support Committee members have been created to help the PRC fulfill its duties. For example, this includes tools for reviewing funding applications.

2) Other College Physician-Patient Relations Initiatives

As described above, the College's Patient Relations Program focuses on preventing and dealing with the sexual abuse of patients. However, the College has also taken a number of steps to address and improve general physician-patient relations. An overview of these various initiatives is set out below. Please see **Appendix 4** for specific initiatives regarding education and conduct guidelines for members, and the provision of information to the public.

¹⁰ In 1999, 2001 and 2005, the College requested legislative changes to explicitly allow for the costs of medications, reasonable accommodation or travel expenses, and child care costs associated with accessing therapy and counselling.

¹¹ Regulation 59/94 enacted under the *RHPA* states that the funding must be used within 5 years.

- The College's Public and Physician Advisory Service is the initial contact for members of the public and profession. In 2014, it answered 60,850 inquiries from the public and physicians on a range of issues including College initiatives, policies and guidelines, and assists with questions pertaining to physician practice and complaints. Some of the more common practice related issues raised include: accepting new patients; ending the physician-patient relationship; and fees/billing.
- The College's Outreach Committee develops and delivers outreach initiatives to the profession and the public; assists in the development of major communications and activities; and develops plans to deliver on the communications and outreach-related components of the College's strategic plan.
- The College uses a broad range of tools to obtain public feedback on College initiatives and policies, including public opinion polling.¹² Incorporating these tools has increased public feedback and engagement on College initiatives and policy issues, and ensures we have the perspective and views of the general public to inform policy content. For example, we have seen an increase in both the average number of responses to our policy consultations, and the number of responses from the public.
- The College hosts meetings twice a year with Chiefs of Staff and Presidents of hospitals to discuss and consider topics that are relevant to patient protection. At each meeting, the College's President and Registrar address the attendees on issues pertaining to College initiatives and policies. Examples of topics that have been covered include: the Patient Relations Program; mandatory reporting obligations; and effectively communicating with patients.
- The College brings together up-and-coming physician leaders on an annual basis. This group of physicians explore topics related to the regulation of the profession, including professionalism. This day incorporates practical applications, illustrative case studies and guest speakers.

The College continues to maintain a strong stance in opposition to sexual abuse by physicians and in support of victims of sexual abuse. We believe our foremost responsibility when dealing with sexual abuse by physicians is to protect victims. As such, we have launched a new initiative focused on physician sexual abuse. As one part of this initiative, we are actively considering how we can continue to improve our Patient Relations Program. We are also considering our processes with respect to sexual abuse to determine whether there are other ways in which we can support and protect patients. Some examples of the types of improvements we are actively planning and/or considering include, but are not limited to:

- Developing materials as part of the Professionalism Program for medical students regarding sexual abuse and boundary issues and exploring other ways in which we can support medical student and faculty learning;

¹² Some recent examples of the topics and issues explored through polling include experiences and expectations regarding the consent process and end-of-life care.

- Exploring other ways in which we can support and ensure that newly registered physicians have the necessary knowledge and understanding of professionalism and practice issues, including sexual abuse and boundary issues;
- Reviewing the College's [Maintaining Appropriate Boundaries and Preventing Sexual Abuse](#) policy, which will include developing patient-specific materials/resources;
- Considering what additional orientation and training College Committee and staff members should complete on sexual abuse and boundary issues, and more specifically, exploring the implementation of on-going training for the Inquiries, Complaints and Reports and Discipline Committees on these issues;
- Reviewing the usability of the College's website and considering ways to further improve the overall clarity, accessibility and comprehensiveness of our website, including content regarding sexual abuse and boundary issues; and
- Considering what other legislative changes we might request to enhance support for victims of sexual abuse, in addition to the costs of medication, reasonable accommodation or travel expenses, and childcare costs associated with accessing therapy and counselling.

In conclusion, preventing and dealing effectively with the sexual abuse of patients has been a top priority of the College for over twenty years. In addition to prosecuting cases vigorously, it has been just as important to us to provide a high-level of support for victims of sexual abuse. We welcome any suggestions regarding other improvements we can make, and look forward to contributing to the work of the government Task Force.

Yours very truly,



Carol Leet MD
President



Rocco Gerace MD
Registrar

c: John Amodeo, Director, Health System Labour Relations and Regulatory Policy Branch
Denise Cole, Assistant Deputy Minister, Health Human Resources Strategy Division

Attachments:

- Appendix 1 – Patient Relations Committee Overview
- Appendix 2 – College Training Examples
- Appendix 3 – Funding for Therapy and Counselling: Key Accomplishments
- Appendix 4 – Specific Physician-Patient Relations Initiatives

Patient Relations Committee Overview

The Patient Relations Committee (PRC) is a statutory committee of Council. The PRC is composed of three physician non-Council members and two public non-Council members. Members chosen to be on the Committee often have a background in sexual abuse and boundary issues. The Policy Department provides policy and administrative support to the PRC, and a representative from the Legal Department provides legal advice.

The PRC is responsible for advising Council with respect to the Patient Relations Program. The program includes the following measures for preventing and dealing with sexual abuse of patients by members:

- education for members;
- guidelines for the conduct of members with their patients;
- training for the College's staff; and
- the provision of information to the public.

As part of the Patient Relations Program, the PRC is also responsible for administering funding for therapy and counselling for persons who, while patients, were sexually abused by members. The PRC administers the fund for therapy and counselling by:

- determining eligibility for funding;
- determining the amount of funding awarded to eligible applicants;
- determining what constitutes therapy and counselling; and
- dispersing funds to eligible applicants' therapists.

The PRC meets regularly¹ to perform activities related to the Patient Relations Program. Administering funding for therapy and counselling is the PRC's primary activity. The PRC advises Council with respect to its activities by way of an annual report.

¹ At least 1 in-person meeting and 4-8 teleconferences a year.

College Training Examples

Some recent examples of training College Committee and/or staff members have completed include, but are not limited to, the following:

- End Violence Against Women Conference (United States)
- Sexual Assault and Child Abuse Course (Toronto Police College)
- Stalking and Threat Assessment Course (Executive Links)
- Addictions and Mental Health Course (Centre for Addiction and Mental Health)
- Beneath the Surface: An In-depth Look at Deviant Behaviour Conference (Ontario Provincial Police)
- Investigating Allegations of Sexual Misconduct Conference (Council on Licensure, Enforcement and Regulation)
- Sexual Assault Victims Presentation (Toronto Police Sexual Assault Squad)
- Sexual Offences Presentation (Toronto Police)
- Administrative Law Presentation¹ (The Honourable Warren K. Winkler, former Chief Justice of Ontario)
- Risk Assessment in Sexual Misconduct Cases Presentation² (Dr. Michael Colleton, Centre of Addiction and Mental Health)
- The Law of Evidence Presentation³ (Benjamin Berger, Osgoode Hall Law School)
- Ethics and Professional Regulation (Dr. Abbyann Linch)
- Diversity Training (Charles C. Smith Consulting)
- Sexual Abuse Case Reviews⁴ (College)

¹ Included: taking notes in complex hearings; writing reasons for finding including findings of credibility; and the conduct of pre-hearing conferences and hearings.

² Included: boundaries and boundary violations; scope of the problem and possible explanations; paraphilia and its significance; diagnosing paraphilia/phallometric testing; risk assessment; risk assessment for sex offenders; and risk management.

³ Included: the admissibility of evidence before the Discipline Committee under the *RHPA*; weight of evidence; direct and circumstantial evidence; rules of evidence; issues related to credibility including prior consistent statements; limits on cross-examination; and character/similar fact evidence.

⁴ Some examples included, but are not limited to: *CPSO and Muhammad; Muhammad v. CPSO 2014 ONSC 3734; CPSO and Rathe; Rathe v. CPSO 2013 ONSC 821; CPSO and Lee; Lee (JSK) v. CPSO 2011 ONSC 1954; CPSO and Sazant; Sazant v CPSO 2011 ONSC 323; Sazant v CPSO 2012 ONCA 727; Marvin Sazant v CPSO (Ont) (Civil) (By Leave) 35150; Law Society of Upper Canada v. Neinstein 2010 ONCA 193; Leering and College of Chiropractors 2010 ONCA 87.*

Some examples of training College Committee and/or staff members have completed in the past include, but are not limited to, the following:

- Working with Survivors of Incest/Sexual Abuse Workshop (YMCA)
- Sexual Misconduct by Professionals (Canadian Psychological Association)
- Sexual Abuse in Health Care (The Canadian Institute)
- Crisis Intervention with Adult Survivors; Traumatization of Workers; Interviewing Children with Disabilities; and Disclosure versus Confidentiality (Institute for the Prevention of Child Abuse)
- Women, Memory and Sexual Abuse Cases (Criminal Lawyers' Association)
- Choices – Dealing with Sexual Abuse (Community Resources and Initiatives)
- Telephone Training Programme Dealing with Crisis Calls (Distress Training Centre)
- Disclosure, Evidence, Interview and Interrogation (Metro Police)
- Professional Administrative and Regulatory Training (Law Enforcement Training Institute, University of Missouri)
- Sexual Abuse Investigations Conference (Metro Police Sexual Assault Squad)
- Sexual Misconduct and the Regulation of the Professionals (Infonex)
- Sexual Misconduct by Psychotherapists, Health Care Professionals and Clergy Conference
- Sexual Assault & Child Abuse Investigation Course (C.O. Bick Police College)
- Interviewing the Sexual Assault Witness Seminar (College)

Funding for Therapy and Counselling: Key Accomplishments

- ✓ ***Applications for funding are reviewed in a timely manner***
 - Applications are reviewed within 4-6 weeks of receipt.

- ✓ ***The majority of applications for funding are approved***
 - Since 1994, 145 (92%) applications have been approved and 13 (8%) have been denied.
 - Because the eligibility criteria are so broad, the vast majority of applications are approved. In fact, there have been instances where allegations regarding sexual abuse were heard by the Discipline Committee, but no findings of sexual abuse were made, and the applications for funding from the complainants in the cases were approved by the PRC.¹ Applications are only denied in instances where the criteria cannot be met.

- ✓ ***The majority of eligible applicants are awarded the maximum amount of funding***
 - Since 1994, 142 (98%) eligible applicants were awarded the maximum amount of funding.

- ✓ ***The majority of eligible applicants use some/all of their funding***
 - Since 1994, 41 (28%) eligible applicants have used all of the funding that has been awarded to them. On average, it takes 4.7 years for them to do so.
 - Only 12 (8%) eligible applicants have never used any of the funding they have been awarded.

- ✓ ***A wide range of therapies/therapists/counsellors have been funded by the program***
 - As noted in the letter, the PRC has interpreted the definition of “therapy” and “therapist/counsellor” very broadly to ensure eligible applicants are able to select a therapist/counsellor that best meets their unique needs.
 - This has enabled eligible applicants to seek therapy to address the wide range of harm they suffered (i.e. psychological, physical, spiritual, etc.).

- ✓ ***Eligible applicants can use the funding past five years***
 - As noted in the letter, the College has decided to go beyond the five year time frame restriction set out in the legislation, to allow eligible applicants as much time as they need to use the funding they have been awarded.

¹ The legal standard of proof the PRC must meet (“sufficient evidence to support a reasonable belief”) is much lower than the Discipline Committee (“balance of probabilities”).

Specific Physician-Patient Relations Initiatives

College initiatives to address and improve physician-patient relations that specifically relate to education and conduct guidelines for members, and the provision of information to the public are set out below.

Education and Conduct Guidelines for Members

- Physician education is one of the College's strategic initiatives for 2015-2018. Education is the mechanism by which we will focus on our strategic priority of assessing and enhancing physician competence and achieve our ultimate vision of quality professionals.
- While the College is not directly responsible for medical school education, we continue to undertake activities that will influence medical school education. Some recent examples of our efforts and commitment to medical education include the following:
 - The College has had a lengthy relationship with the numerous committees of the Council of Ontario Faculties of Medicine (COFM). For example, the College has participated in meetings of: COFM (since 1986 or earlier); the Postgraduate Education Committee: Council of Ontario Faculties of Medicine (PGE:COFM) (since 1978); and the Undergraduate Education Committee: Council of Ontario Faculties of Medicine (UE:COFM) (since 2002).
 - Observer-representatives from the Ontario Medical Student Association and the Professional Association of Residents of Ontario (PARO) sit on the College's Education Committee.
 - As part of the Professionalism Program, the College will be contributing to faculty and student learning by providing the College perspective on issues that will be encountered by practising doctors, including physician-patient relations issues such as consent to medical treatment.
 - As part of the College's Outreach Program, senior staff and members of Council, including the academic representatives on the College's Education Committee, present to medical students and residents on professionalism, ethics and other medico-legal matters.
 - The College's Outreach Program also includes the following activities: communication with medical students via social media (Facebook and Twitter); College orientation exhibitions and presentations to medical school groups; and a targeted electronic newsletter for undergraduate medical students that promotes upcoming events, and policy feedback opportunities. Professionalism, patient consent and patient safety have been prominent topics at presentations, and part of the electronic newsletter articles.
 - In 2011, in consultation with UE:COFM, PGE:COFM and PARO, the College updated two professionalism policies for students and residents: [Professional Responsibilities in Undergraduate Medical Education](#) and [Professional Responsibilities in Postgraduate Medical Education](#), both of which address patient care issues within the teaching environment.
 - The College participates in the accreditation reviews of postgraduate training programs by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. Through our involvement with the Federation of Medical Regulatory Authorities of Canada, we also participate in the development of

accreditation standards for undergraduate medical curricula, and in the accreditation of University continuing medical education offices of Canadian Medical Schools.

- In addition to the boundaries course, there are a number of other educational interventions the College utilizes that address physician-patient relations issues, including:
 - Individualized Instruction in Professionalism (offered by 3 education consultants for unprofessional communication issues).
 - Professionalism/Problem Based Ethics program (ProBE) (offered by the Centre for Personalized, Education for Physicians).
 - Individualized Communication Coaching (offered by education consultant).
- As part of the College's Outreach Program, senior staff and members of Council present to physicians and other groups across the province on a wide range of issues, including education and information regarding the College's policies and guidelines on physician-patient relations issues.
- The College continues to publish a number of documents to educate and guide its members with respect to physician-patient relations issues. Some examples include:
 - Policies on [Accepting New Patients](#), [Ending the Physician-patient Relationship](#), [Block Fees and Uninsured Services](#), [Consent to Medical Treatment](#), [Decision-making for the End of Life](#), [Disclosure of Harm](#), [Test Results Management](#), etc. Please see the College's [webpage](#) for more information.
 - Articles in *Dialogue*, including the continuing series on communication, "Doc Talk". For examples of recent articles, please see our [webpage](#).

Provision of Information to the Public

- The College continues to make improvements to its website. Over the years, additional information has been added on a variety of physician-patient relations issues, and the functionality of the website has been improved. Transparency is one of the College's strategic initiatives for 2015-2018, which intends to make more information available to the public and stakeholders. It will fundamentally change the way the College communicates with the public about physician performance, regulatory processes and regulatory outcomes.
- The College newsletter for the public, *Noteworthy*, was launched in 2008. The newsletter provides the public with updates on critical initiatives, news on College policies and guidelines, and invites the public to participate in consultations on various College initiatives, policies and guidelines.
- The College implemented its social media strategy in 2013, launching four distinct channels – Twitter, Facebook, LinkedIn and YouTube. We use these tools to promote College policy consultations, various College publications, job openings, videos and other online content with the public and our members. We also use these tools (namely Twitter and Facebook) as a customer service mechanism to answer users' questions about the College, including how to file a complaint against a physician, and what our registration process for doctors entails.
- In recent years, the College has adopted the practice of developing patient-specific materials to be published along with our policies (e.g. [Block Fees Patient Information Sheet](#); [Telemedicine Patient Information Sheet](#)).